



## SUMMARY OF EVIDENCE

### I IDENTIFICATION

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### II ACTION CLAIMANT IS APPEALING

The claimant is appealing the Long Term Care Program Choice Denial for **enter program** due to failure to meet nursing facility level of care, which is a requirement for receiving **enter program name**. Medicaid policy references used in the decision are from the:

- *Louisiana Administrative Code 50:II.10154 and 10156 (Exhibit A).*

The issue presented is whether appellant meets nursing facility level of care.

### III EXPLANATION OF ACTION

The Louisiana Options in Long Term Care Help Line is a toll free number that the Department of Health and Hospitals (DHH) maintains to address caller inquiries related to long term care services. When a caller requests services through the Help Line, a representative describes all the long term care options in Louisiana (i.e., Adult Day Health Care Waiver, Community Choices Waiver, Long Term-Personal Care Services, Program of All Inclusive Care for the Elderly (PACE), and Nursing Facility Care). It is important to note that calling the Help Line is not an application for Medicaid. Persons not currently Medicaid eligible, who wish to apply for

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medical assistance through Medicaid, are directed to contact their local Medicaid eligibility office.

Once the person makes his/her program choice, a representative conducts an interview over the telephone using the Level of Care Eligibility Tool (LOCET).

LOCET is the screening instrument used by the Department of Health and Hospitals to determine level of care for all persons who apply for long term care services which require nursing facility level of care (i.e., Adult Day Health Care Waiver, Community Choices Waiver, Long Term Personal Care Services, Program of All Inclusive Care for the Elderly (PACE), and Nursing Facility Care).

The purpose of the level of care determination is to assure that individuals meet the medical necessity standard for admission to and continued stay in long term care programs. This requirement is frequently referred to as meeting ***nursing facility level of care***.

The LOCET is based on the Minimum Data Set (MDS) Assessment mandated by the federal Centers for Medicare and Medicaid Services (CMS) for all nursing facility admissions in the United States. LOCET is formulated from the following areas on the MDS Assessment, with additional assessment criteria included for determining Service Dependency Pathway (PW) eligibility (**Exhibit A**):

- Activities of Daily Living
- Cognitive Function
- Behavior
- Service Dependency
- Physician Involvement
- Treatments and Conditions
- Skilled Rehabilitative Services

These areas make up the distinct Level of Care eligibility “pathways”. An applicant must meet eligibility requirements in only

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one pathway to meet Nursing Facility Level of Care eligibility criteria.

The scoring method built within the LOCET software application identifies applicants who meet nursing facility level of care based upon their answers to the questions within the LOCET. The *LOCET Report* pages display the various sections/questions on the LOCET, and the responses provided by the “informant” (i.e. the person responding to the various questions on the LOCET). The *LOCET Results* Page indicates whether Level of Care is “Met” or “Not Met”.  
**(Exhibit C)**

The set of criteria in the Activities of Daily Living (ADL) Pathway (PW 1) has been designed to classify those applicants with a significant loss of independent function in Activities of Daily Living.

The Cognitive Performance Pathway (PW 2) seeks to identify applicants with cognitive difficulties, especially difficulties with short-term memory and daily decision-making. The applicant’s ability to remember, think coherently, and organize daily self-care activities is explored. The focus is on performance, including a demonstrated ability to remember recent events and perform key decision-making skills. This Pathway also looks at the applicant’s ability to be understood by others.

The Physician Involvement, Treatment and Conditions and the Rehabilitation Therapies Pathways (PWs 3, 4 and 5, respectively) identify applicants who have acute or unstable medical or rehabilitative conditions which meet level of care requirements.

The Behavior Pathway (PW 6) identifies applicants who display repetitive behavioral challenges, and/or delusions or hallucinations that impact the applicant’s ability to live independently in the community.

The Service Dependency Pathway (PW 7) detects applicants who were currently enrolled in and receiving services from either the

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Waiver, State Plan Program, or a Medicaid reimbursed nursing facility with no breaks in service as of 12/01/06, and who demonstrate a continued need for these services.

On **date of call**, contact was made with Louisiana Options in Long Term Care Help Line requesting long term care services for **first name/last name**. A telephone interview was conducted by representative, **intake analyst**, on **Date** using the LOCET.

As is done prior to initiating any LOCET, **intake analyst** read the following statement to **informant** and asked for confirmation of understanding:

*I, **informant**, understand that the purpose of this interview is to determine if the person being assessed **Date** meets medical eligibility criteria for publicly-funded long-term care services, and that I am expected to provide objective and accurate information about the applicant to assist in this determination.*

**Intake analyst** also explained, among other things, to **informant** that the information provided during the LOCET is used to determine medical eligibility for long-term care services funded through DHH. **Intake analyst** then proceeded with the LOCET interview and input the responses to the LOCET questions as provided by **informant**.

Based on all answers to the questions on the LOCET performed on **Date**, the scoring method built within the LOCET software determined that **first/last name** did not meet nursing facility level of care. **(Exhibit B and Exhibit C)**

A denial notice was sent to **Mr./Ms. last name** on **date**. **(Exhibit D)**

A request for appeal was subsequently received.

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#### IV RELATED DOCUMENTS

**Exhibit A:** *Louisiana Administrative Code 50:II.10154 and 10156*  
(6 pages)

**Exhibit B:** LOCET Report pages dated **date**.  
(**X** pages)

**Exhibit C:** LOCET Results page dated **date**.  
(**X** pages)

**Exhibit D:** Long Term Care Program Choice Denial dated **date**.  
(**X** pages)

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**Title**  
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